



Paediatric oncology patients face an increased risk of surgical site infection (SSI) after implantation of long term central venous catheters (CVAD)” Weiss et al (2016).

Abstract:

Background: Perioperative antimicrobial prophylaxis (PAP) is an important target for internal audits, concerning the judicious use of antibiotics. Paediatric oncology patients face an increased risk of surgical site infection (SSI) after implantation of long term central venous catheters (CVAD).

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Patients: All Patients <18 years admitted to the paediatric oncology centre (POC) with implantation of a CVAD.

Methods: Systematic audit in 2 groups: retrospective (Jan 01, 2012 – March 31, 2014) and prospective (April 01, 2014 – March 31, 2015) referring to an internal PAP guideline, invented in Jan 2014. Surveillance of SSI up to 30 days after the operation.

Results: In total, 97 CVAD implantations were analysed in 89 paediatric oncology patients

(Broviac in 94%). The detailed analysis of PAP revealed lower Cefuroxim doses than requested (30 vs. 50 mg/kg). In addition, Cefotaxim was used in 1 case and in 3 cases Clindamycin was given without a medical history of Penicillin hypersensitivity. In the retrospective audit group PAP was administered in 22% for ≤ 24 h); this was the case in 91% of the prospective group ($p < 0.001$). No SSI was detected.

Conclusion: This first comprehensive audit of PAP in a German POC outlines significant opportunities for improvement in terms of correct dosing, correct choice of the antibiotic, and shorter duration of PAP. In addition our results illustrate the challenges of optimising standard workflows in clinical practice.

Reference:

Weiss, K., Simon, A., Graf, N., Schöpe, J. and Meier, C.M. (2016) Clinical Practice Audit: Perioperative Antibiotic Prophylaxis in Paediatric Cancer Patients with Broviac Catheter Implantation. Klinische Pädiatrie. April 20th. .

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